item questionnaire. Although the two new versions of the IPSO shared only 6 items, both reflected the original IPSO well. However, several arguments such as lower correlation coefficients, higher Chronbach’s alpha’s, ordered thresholds, unidimensionality and less differences among subgroups of patients suggested that the Rasch version of the IPSO may be the preferred instrument to use. CONCLUSION: The IPSO can be improved and shortened and the Rash reduced version of this instrument is likely to assess the psychosocial impact of moderate to severe psoriasis on patients’ lives best because it is a short, reliable and unidimensional measurement.

**PSN14**

**CHANGES IN FUNCTIONAL ABILITY AS MEASURED BY DLQI IS CONSISTENT WITH CLINICAL RESPONSE IN MODERATE TO SEVERE PLAQUE PSORIASIS PATIENTS TREATED WITH ADALIMUMAB**

Melilli LE1, Shikiar R2, Thompson C3

1Abbott Laboratories, Abbott Park, IL, USA; 2MEDTAP Institute at United Biosource Corporation, Seattle, WA, USA; 3MEDTAP Institute at United Biosource Corporation, Bethesda, MD, USA

OBJECTIVES: Because of physical limitations associated with psoriasis, dermatologic-related functional ability can be an important endpoint to assess effectiveness of treatment. This study was performed to assess the correlation between clinical efficacy and improvement in functional ability in moderate to severe plaque psoriasis patients treated with adalimumab for 12 weeks. METHODS: In a randomized, double-blind, placebo-controlled, multi-center clinical trial for the treatment of moderate to severe plaque psoriasis with adalimumab, the correlation between clinical efficacy and change in dermatology-specific functional limitations was evaluated. Clinical efficacy was assessed using the Psoriasis Area and Severity Index (PASI) and the Physician’s Global Assessment (PGA) of Disease Severity. The Dermatology Life Quality Index (DLQI) was used to measure dermatologic-specific functional limitations. Mean changes in DLQI scores were evaluated for patient responses between baseline and 12 weeks. RESULTS: The DLQI was shown to have good reliability, and to demonstrate responsiveness to change with the subjects’ PASI and PGA scores from baseline to week 12. The correlation between DLQI and PASI response was 0.69 (p < 0.001), and between DLQI and PGA response was 0.71 (p < 0.001). Mean change in DLQI was +12.17 points in patients who achieved significant clinical benefit (>PASI 75 response) vs. +1.77 points in non-responders (less than PASI 50 response). CONCLUSIONS: DLQI was demonstrated to be highly responsive to clinical changes in patients with moderate to severe plaque psoriasis. The level of agreement suggests that adalimumab may be highly effective in improving both the physical disease manifestations and functional ability of patients with moderate to severe plaque psoriasis.

**PSN15**

**QUALITY OF LIFE IMPROVEMENT AS MEASURED BY EQ-5D IS CONSISTENT WITH CLINICAL RESPONSE IN MODERATE TO SEVERE PLAQUE PSORIASIS PATIENTS TREATED WITH ADALIMUMAB**

Melilli LE1, Shikiar R2, Thompson C3

1Abbott Laboratories, Abbott Park, IL, USA; 2MEDTAP Institute at United Biosource Corporation, Seattle, WA, USA; 3MEDTAP Institute at United Biosource Corporation, Bethesda, MD, USA

OBJECTIVES: Because moderate to severe psoriasis can negatively impact patients’ daily living, quality of life can be an important parameter to assess in determining effectiveness of treatment. This study was performed to assess the correlation between clinical efficacy and quality-of-life improvement in moderate to severe plaque psoriasis patients treated with adalimumab for 12 weeks. METHODS: In a randomized, double-blind, placebo-controlled, multi-center clinical trial for the treatment of moderate to severe plaque psoriasis with adalimumab, the correlation between clinical efficacy and quality of life was evaluated. Clinical efficacy was assessed using the Psoriasis Area and Severity Index (PASI) and the Physician Global Assessment (PGA) of disease severity. Euro-QOL 5D (EQ-5D) visual analogue score was used to assess general quality of life. Mean changes in EQ-5D scores were evaluated for patient responses between baseline and 12 weeks. RESULTS: EQ-5D demonstrated responsiveness to changes in clinical efficacy. The correlation between EQ-5D and PASI response was 0.57 (p < 0.001), and between EQ-5D and PGA response was 0.44 (p < 0.001). Mean change in EQ-5D was 15.69 points in patients who had achieved significant clinical benefit (>PASI 75 response) vs. 1.92 points in non-responders (<PASI 50 response). CONCLUSION: EQ-5D was demonstrated to be responsive to clinical changes in patients with moderate to severe plaque psoriasis. The level of agreement suggests that adalimumab may be highly effective in improving both the physical disease manifestations and quality of life of patients with moderate to severe plaque psoriasis.

**PSN16**

**NAIL PSORIASIS: IMPACT ON QUALITY OF LIFE**

Taibé C1, Corvest M2, Voisard J3, Marionneau N4, Myon E1

1Pierre Fabre, Boulogne-Billancourt, France; 2APLCP Vannes, France; 3Pierre Fabre Dermatologie, Lavaur, France

OBJECTIVES: The aim was to evaluate the consequences of psoriasis on quality of life and pay particular attention to those with nail psoriasis. METHODS: In October 2004, a questionnaire was sent to 4000 members, selected by drawing lots, among the French patients support group (APLCP). The first part concerned the social and demographic characteristics of the patients, psoriasis localization and psoriasis age. The second part was dedicated to patients with nail psoriasis. The last part was the Dermatology Life Quality Index (DLQI) which was filled in by all patients. RESULTS: A total of 1309 questionnaires were returned with 57.3% of women and 42.7% of men. Mean age was 51.8 years (SD = 16.2). Psoriasis affected the nails for 60.8% of subjects (16.4% for the hands only, 9.4% for the feet only and 35% for both the hands and feet). The DLQI score was available for 1111 individuals with an average score of 8.3 (SD = 6.5). It was significantly related to gender with a score of 7.6 (SD = 6.2) for men and 9 (SD = 6.8) for women (p = 0.033). It was also significantly related to age, the younger the individuals, the more quality of life was affected: 9.4 (SD = 6.6) for the group “39 years old and under”, 9.2 (SD = 6.7) for the group “40-54 years”, 7.8 (SD = 6.6) for the group “55-64 years” and 6.7 (SD = 5.6) for the group “65 years old and above” (p < 0.0001). Quality of life was also linked to the localization of the psoriasis. CONCLUSIONS: Quality of life assessed through the DLQI shows an important impairment in the study population with a mean score of 8.3. In comparison with other studies using the DLQI, a score of 8.9 was found for severe psoriasis, 12.5 for atopic dermatitis and 4.3 for acne.

**PSN17**

**VALIDATION OF THE ITALIAN VERSION OF THE INFANTS’ DERMATITIS QUALITY OF LIFE & FAMILY DERMATITIS INDEXES**

Baranzoni N1, Scalone L2, Rigoni L1, Mantovani LG2, Giannetti A1

1Divisione Clinica Dermatologica, Modena, Italy; 2Center of Pharmacoconomics, University of Milan, Milan, Italy; 3Fujisawa Srl, Milan, Italy